## Check
Aberdeen School of Medicine

## Date
3 October 2012

## Locations Visited
Aberdeen School of Medicine (the school) and Aberdeen Royal Infirmary

## Programme
MBChB

## Team Leader
Elaine Tait

## Visitors
Katharine Boursicot
Obadah Ghannam

## GMC staff
Rachel Daniels
Jennifer Barron

## Purpose of the check
The school was last visited by the GMC in 2004. Since then *Tomorrow’s Doctors 2009* has been introduced. Every medical school in the UK has been asked to self-assess its compliance with *Tomorrow’s Doctors 2009* and we have identified assessment, quality management of clinical placements and the introduction of student assistantships as key challenges therefore we focused the check on these three main areas to test the accuracy of the School’s self reporting to the GMC.

## Summary
Aberdeen is working well as a medical school; students we spoke to during the visit appreciated the time given to them by all staff and the support they received. Our findings are in line with those expected from the School’s self assessed reporting to the GMC and the School was aware of the areas we highlighted as both good and requiring action to ensure the standards in *Tomorrow’s Doctors 2009* are met.

*Assessment*

The School is compliant with our standards relating to assessment except with respect to formalising assessment of professionalism, use of knowledge based questions in the OSCE environment, the model of blueprinting in use and provision of
guidance to students and assessors which is mostly appropriate but could be clearer about assessment of attendance and seminar contributions. This is a key area of challenge for many schools and we were pleased to hear about the quality and timeliness of feedback to students.

**Quality management**

The School is compliant with our standards around quality management of clinical placements.

There are some quality management processes in place and the school is developing and augmenting these. The introduction of a quality management framework will bring these together and ensure consistency in approach.

Clinical placements are good on the whole and students particularly valued remote and rural placements.

**Student assistantships**

Student assistantships are positively evaluated by students and graduates and the School is compliant with our standards in this respect. They are not yet formally quality managed by the School.

**Concerns**

No serious concerns were found.

**Good practice**

1. The senior education team at the School and educational supervisors at Aberdeen Royal Infirmary maintain strong links with student year representatives via email, encouraging their participation in regular committees, answering any queries and disseminating important information. (Domain 6 TD 123).

2. The provision of the clinical educator role and the responsiveness of the post holder at the Aberdeen Royal Infirmary are very well received by students and clinical teachers. Year 2 and 3 students advised that they have constant contact with their clinical educator and she is always visible on the wards and very supportive, knowing most of them by name. In addition to this clinical teachers and block co-ordinators advised that they would report any student performance issues to the clinical educator. She maintains a strong link with the School’s Head of Division of Medical and Dental Education. There is also a parallel appointment in NHS Highland. (Domain 6 122)

3. The School’s responsiveness to evaluation has led to many timely changes in the course. For example, improvements to the
quality of the Gastrointestinal Block which is now considered one of the best clinical placements in the programme by students, the revision of an over specialised lecture on nitrogen, the rapid addition of phlebotomy into early years clinical skills sessions and the introduction of the Year 4 Echocardiogram tutorial. Students advised that their evaluation is always either acted upon or a reason is provided if it cannot be acted upon. The School has an online evaluation form called a Student Course Evaluation Form, students are asked to fill these out after each placement and at the end of each year. The School then holds a series of meetings with teaching and administrative staff, and student year representatives to review the evaluation and discuss any necessary amendments to the programme. (Domain 2 TD41)

4. The Objective Structured Clinical Examination training website is very comprehensive. It facilitates links to documents and guidance, making the training much more accessible for trainers across all sites. The website is very similar to that of Queens University Belfast Medical School and is an example of learning from the practice of other institutions. The website details what an Objective Structured Clinical Examination is and how to examine one and provides training modules. In addition to this, once all the required training modules have been completed it allows the examiner to obtain and print a certificate. The website is not yet fully operational however the School hopes that it will be from 2013. (Domain 6 TD128).

5. The School has a virtual learning environment where students can rank their preferences for clinical placements. On this, the School publishes previous student evaluations of clinical placements in order to inform preferences. Students advised they find this very helpful when making a decision where to take their clinical placement. Students reported how beneficial and enjoyable remote and rural site placements were. (Domain 3 TD57)

6. Student assistantships have prepared graduates for practice, there is strong enthusiasm in the team across the sites for the initiative and students have had a positive early experience. Year 5 students advised that the assistantships have made them feel more prepared for the foundation programme already and they are confident they will be fully prepared by graduation. The Year 4 and Student Assistantship Lead noted that not only Aberdeen graduates but other F1s seemed better prepared since the student assistantships were introduced in all medical schools.
7. The feedback given to students following assessment is timely and of high quality. Students said that feedback is given to them usually no more than two weeks after each exam, and in formative exams the feedback is sufficiently detailed to allow them to judge their strengths and weaknesses. (Domain 5 TD111)

8. The school and Aberdeen Royal Infirmary form part of a tutelage group held three times a year with representatives from the School and all health boards where Aberdeen students undertake their clinical placements. This provides an excellent forum for discussion and cascade of new policy. (Domain 5 TD148).

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<th>Requirements</th>
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<td>1. The School must formalise its quality management in a framework. At present the School makes a specific visit to each site every two years, excluding Aberdeen Royal Infirmary where co-location has resulted in a less formalised approach. There are plans to begin visiting Aberdeen in 2013 and the new Quality Manager post will support this process. The undergraduate Director of Medical Education at Aberdeen Royal Infirmary visits specialties as part of his quality control processes. (Domain 2 TD39).</td>
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<td>2. The School must formalise the assessment of professionalism. At present professionalism is reviewed during Mini-Clinical Evaluation Exercise and Objective Structured Clinical Examinations. Clinical teachers and academic staff advised they would be aware of any professionalism issues and would escalate to the School, however there needs to be a robust formal documented process introduced to meet the standards of <em>Tomorrows Doctors 2009</em>. (Domain 9 – Outcome 3).</td>
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<td>3. The use of factual knowledge questions in an Objective Structured Clinical Examination environment is not appropriate; these must be included in written papers. This will help negate the perceptions of some students that there is an advantage for those students sitting the OSCE second. (Domain 5 TD86).</td>
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<td>4. The School’s assessment blueprint needs to be modified to ensure that the curriculum outcomes are mapped against domain headings in addition to referencing to <em>Tomorrow’s Doctors</em> outcomes. For an example please see <a href="http://www.gmc-uk.org/doctors/plab/Blueprint.asp">http://www.gmc-uk.org/doctors/plab/Blueprint.asp</a>. (Domain 5 TD112).</td>
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5. Students must be aware of the full range of assessments including those in modules where their attendance is assessed. (Domain 6 TD123).

6. All those involved in educating medical students must be trained for their role and an accurate record of the training status of all those who are educating and assessing medical students must be held (including nurses and other healthcare professionals). Educational supervisors confirmed they had been on a course for assessing medical students however had not had any formal training on providing feedback. The School offers lectures that take place at lunch time and offers a diploma for teaching and training, completion of these is not a requirement from the School. (Domain 6 TD128)

7. The School must quality manage student assistantships to ensure that all provide students with experience of an acceptable minimum standard. Student assistantships are held within the clinical placement blocks. The blocks are made up of 8 weeks in the following areas; medicine, surgery and a specialty and psychiatry. The student assistantship usually takes place between weeks 4 and 7 when the student should feel comfortable taking on the role of student assistant. Any issues regarding the student assistantship will be reported to the clinical educator. Students complete SCEF but the school does not have a set of minimum requirements for student assistantships therefore each site could be offering a different experience. (Domain 2 TD40).

Recommendations

1. There is no measure available to explicitly pass or fail the student assistantships, they are assessed within the totality of a clinical placement but are quite distinct in their purpose and content. A process to offer students feedback at the end of the student assistantship could enhance student experience and would allow the school to identify and remediate poor performance. (Domain 5 TD84)

2. Night time working should be formalised as part of the student assistantships. Students said that the hospital at night time gave them the benefits of seeing how multi-disciplinary teams work together. (Domain 5 TD84)

3. Detailed feedback should be given following the Year 5 final OSCE. Students advised that they receive their final OSCE result before they graduate however feel it would also be beneficial to have the detailed feedback from the final assessment of their
clinical skills before practising as a doctor. (Domain 5 TD111)

4. The School holds an assessment group with key staff members from each year to discuss standardising assessment procedures. It would be valuable to add a student representative into the assessment group (Domain 6 TD123).

**Further findings**

1. Joint working with the postgraduate deanery is working well, in particular the joint undergraduate and postgraduate visits and the joint funding of Quality Managers at both NHS Highland and NHS Grampian. These posts will ensure consistency across both sites and the deanery.

2. The Undergraduate Director of Medical Education at Aberdeen Royal Infirmary was developing a systematic approach to the quality control of undergraduate clinical placements. NHS Education for Scotland provides a RAG rating system. The Director of Medical Education uses this to complete visits to underperforming specialties within the hospital.

3. Away days which are held with staff from the School and local education providers providing clinical placements for Aberdeen students. These are effective at developing and introducing new initiatives. Tutors found this a useful forum to exchange ideas. There appear to be some missed opportunities to implement the good practice identified at the away days through wider dissemination.

**Monitoring**

The School will need to report on what actions it is taking regarding the requirements listed above in the Medical Schools Annual Return.

**Response to findings**

Dr Rona Patey, Head of Division of Medical and Dental Education

**Good practice**

It is always helpful and encouraging to have areas of good practice highlighted. We are particularly gratified to hear the mechanisms we have developed (nurse educator roles, responsiveness to student feedback, Tutelage committees) to allow appropriate interaction between the clinical staff, students and the senior education team appear to be working well.

We are pleased at the recognition of the development of our OSCE training website and to our colleagues in Queens University Belfast Medical School generously allowing us access to their site to inform the development of our own. We have begun work to extend the content of this website to include workplace based
assessments in the near future.

It is very positive to hear that our students are happy with our feedback after exams and that they recognise that this is timely and consistent.

Requirements

We were pleased to note that many of the points raised in this and the next section were areas that we had already identified as priorities for further work. In some cases the work has already begun.

1. The bid for funds for the Quality Manager post resulted from a realisation that our systems for visits and other quality management activities could be improved upon. The recruitment process for this post has begun. There are consistent processes in place for our more remote student placements but less so in our largest partner organisation. Our undergraduate Director of Medical Education (DME) has begun a programme of visits with NHS management and the senior education team, however this process requires further work. We are also working on ensuring clarity of roles and responsibilities for the Undergraduate Director of Medical Education, the Quality Manager, NHS management and the senior educational team. These processes will be laid out in our Quality management handbook.

2. We acknowledge the need to formalise and make explicit the assessment of professionalism in the course. We had recognised the need for this and had taken steps to collaborate with colleagues in other medical schools in a UK network for staff involved in teaching professionalism in interested undergraduate medical programmes, with a first meeting in November 2012. The indicative remit of the network is to share good practice and work together to find practical solutions to key issues such as how to assess professionalism effectively. In preparation for our participation in this network we are preparing a detailed summary map of our current teaching, learning and assessment of Professionalism from the Admissions stage to the Foundation Programme. An important output of this work will be to ensure a formal documented process for the reporting of issues relating to professionalism.

3. We have invested in new software for the production of our written exams, which has just been installed. This will allow us to include illustrations in written questions and therefore remove these from all OSCE assessments.
4. The feedback and guidance on the assessment blueprint is helpful and we are working with our assessment leads to change our processes across the current academic year.

5. We believe that students have explicit information in learning guides which are further highlighted in lectures and small group sessions on the requirements of assessments. We will review our guidance with student representatives through the Staff Student Liaison Committee structure to ensure that any required changes are identified.

6. We have developed a range of activities in our work in the provision of training of staff involved in the teaching, learning and assessment of students. We recognise that this work will require ongoing effort. Our collaborative working with the postgraduate deanery is important in reducing duplication of effort. Recent developments in online training for assessment (workplace based and OSCE assessments) and the appointment of the Quality Manager role will also further efforts in both the recording of training and working to ensure that the training programme is updated according to the needs of the clinical supervisors.

7. We are proud of the achievements in implementing the student assistantship role in the last year, but recognise that there is much work to be done. We have now completed an extensive evaluation of last academic year and have been feeding back to each placement supervisor. The student assistantships take place throughout final year in our curriculum with each student participating in a minimum of 3 x one week assistantships (each in a different clinical speciality). We recognise that each student assistantship will offer a different experience for the student depending on the unit and the time of year that it takes place, but that there should be explicit minimum requirements for each assistantship and for the programme across the year.

Recommendations

1. We note the comments on lack of measure to pass or fail a student assistantship. Our assessment in this first year of implementation was incorporated to the block assessment overall. We will develop guidance and a process to ensure that students get specific feedback on their performance during the assistantship period in addition to the block assessment overall. This will link with the work to define minimum requirements for the assistantship as detailed above.

2. Night-time working is a standard part of many of our final year placements and all students are expected to undertake out of
hours work. We recognise the need to formalise exactly where and what form this takes in each placement to ensure that each student has appropriate opportunity in the range of settings they experience in final year.

3. We are pleased that the feedback provided following OSCE assessments is valuable for our students and will ensure that the extended feedback provided in Year 1 – 4 is also provided for year 5 from this academic year onwards.

4. We recognise the oversight of having no student representative on the Assessment Group and have taken steps to remedy this. We will review all our committees to ensure that there are no other areas where student representation could be enhanced.